



2024 Retail Income & Expense Request

VAL_11
R: 02/06/2023
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**Calendar year 2023: Beginning 01/01/2023 and Ending
12/31/2023 Filing Deadline May 1, 2024**

The Brevard County Property Appraiser is requesting data, as indicated on the other side of this form, to aid in the valuation of this and similar properties. Data submitted as a part of this request is confidential per Section 195.027, F.S.

Failure to submit data in accordance with this request may impede the ability to conduct an effective appeal at the Value Adjustment Board. Section 194.034(1)(h), Florida Statutes states that “no petitioner may present for consideration, nor may a board or special magistrate accept for consideration, testimony, or other evidentiary materials that were requested of the petitioner in writing by the property appraiser of which the petitioner had knowledge and denied to the property appraiser.” Failure to provide this information will be considered a denial of this request.

Please list capital improvements with their costs and any additional comments by attaching a separate sheet.

Do not include depreciation or mortgage interest in expenses.

In addition to filling out this form, please attach any additional documentation that would help in our continuing pursuit to assess your property accurately and equitably (recent appraisals, end-of-year statements, etc.).

Email: valuations@bcpao.us

Is the Property 100% Owner Occupied?	Yes	No
If Partial Owner Occupancy, what %?	%	
Is this a Net Leased Property?	Yes	No

If Yes, stop here, sign, and return.

Nothing/ NNN Lease	Roof	Structure	RE Taxes	Insurance	Common Area Mnt.
What does the landlord pay? Check appropriate box(s).					

What is the total percent vacant as of January 1, 2024? _____

Property Type	Type of Lease	Total square footage	Vacant (% or sf)	Average Annual Rent Per Square Foot			
				Avg. BASE ex: \$10/sf	Avg. CAM ex: \$3/sf	Modified Gross ex: \$13/sf	Gross ex: \$15/sf
Retail							
Other:							

Annual Income (\$)	
1. Total base rent collected	1.
2. Total tenant reimbursements collected (taxes, insurance, C.A.M.)	2.
3. Other income (please explain)	3.
4. Total annual gross income	4.
Annual Expenses (\$)	
5. Insurance (not liability, structure only)	5.
6. Management fees	6.
7. Administrative (including advertising, legal, accounting, etc.)	7.
8. Commissions	8.
9. Payroll	9.
10. Utilities	10.
11. Repairs	11.
12. Grounds maintenance (including trash, landscaping, parking lot, etc.)	12.
13. Regular building maintenance (not capital expenditures)	13.
14. Reserves for replacements	14.
15. Real estate taxes	15.
16. Other taxes and fees (not real estate taxes)	16.
17. Other expenses (please explain)	17.
18. Total annual expenses	18.

Signature _____ Phone _____ Date _____